

Massachusetts Department of Housing and Community Development (DHCD)

APPLICATION TO ATTACH
PROJECT-BASED VOUCHERS (PBV)
TO EXISTING RENTAL UNITS

Amended July 11, 2006 In Accordance With PBV Regulations Published October 13, 2005

Owner/Project Sponsor should fill out one application for each building in which Section 8 PBV is sought. Two copies of the application should be submitted. Please use additional pages to provide any other information that may be necessary to better describe the units. You may attach photographs of the property at your option. Please submit each application in a small-sized 3-ring binder, with a separate section for each of the application's 14 required components. Applications not submitted in this format will be returned and not reviewed until submitted as requested. A Definition of Key Terms is provided at the end of the application.

All of DHCD's PBV program requirements and "existing" NOFA review criteria can be found in its PBV Administrative Plan located on DHCD's website at: www.mass.gov/dhcd; >Divisions; >Bureau of Federal Rental Assistance.

Date: _____			
_____ requests Section 8 project-based voucher			
Owner Name	Address	Zip	
assistance for a total of _____ units with the following bedroom distribution:			
SRO: _____	Enhanced SRO(ESRO): _____	Efficiency (0BR): _____	1BR: _____ 2BR: _____ 3BR: _____ 4BR: _____ 5BR: _____ Other _____
Project Address: _____			
		City/town	Zip

1. General Project Information

A. Will a Project Sponsor represent the owner in the administration of these units? ☐ Yes ☐ No

If Yes:

Project Sponsor Name

Address

Zip

Phone

B. Do all units meet DHCD's inspection grade threshold of B+ or better _____ (Unit grading criteria is located in Section 12 of this application).

C. Total number of units in building: _____

D. % of total units in building requested to receive PBV assistance: _____%

N.B. No more than 25% of the units in a building can receive PBV assistance, unless they will be "excepted" units.

"Excepted" units must be used exclusively throughout the term of the HAP contract for: 1) the elderly; 2) the disabled and/or 3) those that will house a "qualifying" family defined by HUD as a household where at least one member will receive at least one

supportive service. See Section 31.2.8 of DHCD's PBV Administrative Plan for a complete discussion of the requirements for "excepted units."

Section 6A of this application must be completed for any application that requests PBV assistance for "excepted" units for "qualifying" families.

E. Date of Proposed Housing Assistance Payments (HAP) Contract: _____

F. Do any other units in the building receive project-based voucher assistance on either the Section 8 or MRVP program either through a DHCD regional administering agency (RAA) or a local housing authority (LHA)? (Do NOT include those units that may have tenant-based, mobile tenants in occupancy).

☐ Yes ☐ No

If yes, how many Section 8 PBVs? _____ How many MRVP PBVs? _____

G. Are any of these units subsidized by any other form of housing assistance [e.g. 236, 221d, 202, 811, HOME, Housing Innovation Funds (HIF), Housing Stabilization Funds (HSF), HOPE VI, Community Development Block Grant funds (CDBG), low income housing tax credits (LIHTC), HUD insured/co-insured mortgages, Facilities Consolidation Funds (FCF), Community Based Housing (CBH), Affordable Housing Trust Funds (AHTF), tenant-based Section 8 Housing Choice Vouchers or MRVP mobile vouchers, tax exempt bonds issued by a state agency or its designee, or other public funds]?

If yes, please describe the type(s) of assistance and number of units covered. Use additional pages if necessary:

Type of Housing Assistance	Number of Units Covered
1.	
2.	
3.	
4.	

N.B. HUD requires that a subsidy layering review (SLR) be conducted for any PBV project that utilizes more than one source of publicly supported housing funds. If an SLR is required, until HUD completes the SLR review, a HAP cannot be executed. See Definitions of Key Terms at end of this application for more information about HUD's SLR requirement.

2. Rent and Occupancy Status

For PBV units requested:

- How many are currently occupied: _____
- How many are anticipated to be vacant at time of proposed HAP contract: _____
- How many are occupied by Section 8 tenant-based households: _____

N.B. If any of the units for which PBV is requested are currently occupied by “tenant-based” voucher holders either through a DHCD RAA or an LHA, the tenant must agree to relinquish their tenant-based voucher. If they do not agree to do this, the unit cannot be brought onto the PBV program. The RAA will provide the owner with information about the PBV program that can be provided to the tenants to weigh the pros and cons of both voucher program models.

Use the format below to provide requested information. Pay close attention to the following requirements:

- ♦ All rents must be reasonable in comparison to **similar unassisted units** in the building or neighborhood. (See Section 31.7 in the PBV Administrative Plan for a full discussion about all PBV rent requirements.)
- ♦ Rents in LIHTC units cannot exceed the LIHTC rent.
- ♦ In order for a unit to be eligible for PBV assistance, the bedroom size for all in-place households **must** comply with DHCD’s subsidy standards. These standards are provided in the attached “Definition of Key Terms” found at the end of this application.

BUILDING ADDRESS: _____

(Please Use More Pages As Necessary)

*** DHCD Regional Administering Agency (RAA)**

**** Local Housing Authority (LHA)**

Apartment No. (if applicable) Note if unit is a LIHTC and/or HOME unit.	Circle Bedroom Size: S(SRO) ES (Enhanced SRO, has private bath and/or kitchenette) 0 (Efficiency) 1(One Bedroom) 2(Two Bedroom) 3(Three Bedroom) 4(Four Bedroom) ETC.	Current Rent	Requested Rent	Utilities Included? Circle What <u>Tenant</u> Pays Heat: Gas Oil Elec. G O E General Electric E Cooking: Gas Elec G E Hot H2O: Oil Gas Ele O G E Water/Sewer	Occupied? Y(Yes) N(No) If Yes, please indicate household name Use * To Indicate Tenant Is A Current RAA Voucher Holder, use ** To Indicate Tenant is an LHA Voucher Holder. LOC: Length of Occupancy	Building/Unit Type S (Single Family) D/T (Duplex/Two Family) R/T (Row/Town House) LR (Low Rise...3/4 stories, including garden apartment) HR(High Rise; 5 or more stories)* SRO (Single Room Occupancy) LH (Lodging House) GR (Group Residence) AL(Assisted Living) O (Other...please describe) *See Section 31.2.6 in PBV Administrative Plan for HUD requirement on high rise elevator buildings where children will reside.
	S ES E 1 2 3 4 5 5+			Heat: G O E General Electric: E Cooking: G E Hot H2O: O G E Water/Sewer	Y N Name: LOC	S D/T R/T LR HR SRO LH GR O AL

Cooking Stove: ☐Owner ☐Tenant

Refrigerator: ☐Owner ☐Tenant

REQUEST FOR SECTION 8 PROJECT-BASED RENTAL ASSISTANCE (PBV): Rent and Occupancy Status Continued

Apartment No./ Note if LIHTC/Home	S ES E 1 2 3 4 5 5+	Current Rent	Requested Rent	Heat: G O E General Electric: E Cooking: G E Hot H2O: O G E Water/Sewer	Occupied? Y N Name: LOC:	S D/T R/T LR HR SRO LH GR O AL
	S ES E 1 2 3 4 5 5+			Heat: G O E General Electric: E Cooking: G E Hot H2O: O G E Water/Sewer	Y N Name: LOC:	S D/T R/T LR HR SRO LH GR O AL
	S ES E 1 2 3 4 5 5+			Heat: G O E General Electric: E Cooking: G E Hot H2O: O G E Water/Sewer	Y N Name: LOC:	S D/T R/T LR HR SRO LH GR O AL
	S ES E 1 2 3 4 5 5+			Heat: G O E General Electric: E Cooking: G E Hot H2O: O G E Water/Sewer	Y N Name: LOC:	S D/T R/T LR HR SRO LH GR O AL
	S ES E 1 2 3 4 5 5+			Heat: G O E General Electric: E Cooking: G E Hot H2O: O G E Water/Sewer	Y N Name: LOC:	S D/T R/T LR HR SRO LH GR O AL
	S ES E 1 2 3 4 5 5+			Heat: G O E General Electric: E Cooking: G E Hot H2O: O G E Water/Sewer	Y N Name: LOC:	S D/T R/T LR HR SRO LH GR O AL
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Cooking Stove: ☐Owner ☐Tenant

Refrigerator: ☐Owner ☐Tenant

3. Requested Contract Term

Owner/Project Sponsor must request a **minimum** HAP contract term of **2 years** up to a **maximum term** of **10 years**.

- ◆ Length of HAP contract term requested: _____
- ◆ Would you be willing to accept an extension of the contract if it were approved by the housing agency ☐ Yes ☐ No
- ◆ If **yes**, the owner/sponsor should attach a letter indicating willingness to accept an offer of a contract extension beyond the initial term if offered by DHCD's RAA. The letter should specify the length of the additional term the owner/sponsor would accept. Extensions can be offered in the final year of the HAP, not to exceed 5 years per extension.

4. Owner Experience Managing and Maintaining Subsidized Rental Housing**A. Please indicate if you have participated in any of the following rental assistance programs:**

Program	Housing Agency Providing Subsidy	No. Units Assisted	Building Address (indicate name of owner's affiliate if different from applicant)	Dates On Program
Section 8 Vouchers and/or Certificates				
Section 8 Moderate Rehab				
Section 8 Project-Based Assistance				
Mass Rental Voucher Program (MRVP)				
Alternative Housing Voucher Program (AHVP)				
Individual Self Sufficiency Initiative (ISSI)				
McKinney Shelter Plus Care				
HOME Tenant-Based Rental Assistance				

B. Do you own other subsidized properties? ☐ Yes ☐ No

Please list address(es) and indicate funding source(s). Attach a separate page, if necessary.

Address(es)	Subsidized Funding Source(s)
1.	
2.	
3.	
4.	

C. Have you ever had a unit terminated from a subsidized program? ☐ Yes ☐ No

If yes, please identify the program(s) and state why. List Section 8 terminations first.

5. Intended Resident Population and Unit/Community Amenities

A. Intended Resident Population

Check All That Apply:

- ☐ Single Persons ☐ Families ☐ Elderly (over 62 years) ☐ Disabled ☐ Disabled/eligibility contingent upon demonstrating need for services
☐ "Qualifying" family requiring participation in a program of supportive services ☐ Eligible for Assisted Living ☐ Homeless ☐ At risk of homelessness
☐ Living in an institution or at risk of living in an institution ☐ Grandparents caring for grandchildren ☐ Other (please define)

B. Handicapped Accessible Units

1. How many units in the building are ADA handicapped accessible: _____ How many are for the sensory impaired: _____
2. How many units of the total requested for PBV are ADA handicapped accessible: _____ How many are for the sensory impaired: _____

C. Community Amenities

Distance To:	Less than .5 Mile	Approximately 1 Mile	More Than 1 Mile
Shopping..groceries, pharmacy, other everyday type of needs			
Public Transportation			
Medical facilities			
Public Schools			
Parks, civic facilities			

D. Unit Amenities

Check off any amenities that are provided. Add others if not included on this list.

- ☐ Features adapted/adaptable for persons with disabilities
☐ Air conditioning
☐ Off street parking
☐ Laundry facilities
☐ Porches and/or decks
☐ Play area for children
☐ Recreational facilities
☐ Common area function room(s)
☐ School bus stops

6. Tenant Selection Criteria and Plan

Provide your written tenant selection criteria and plan to fill the PBV units. The plan must include a statement that all vacancies will be filled by Section 8-eligible applicants referred from the DHCD RAA waiting list and must describe, with specificity, your tenant screening criteria. If a credit check is one of the screening tools, the plan must include the minimum credit score that is acceptable for selection for a unit. Please note that criteria for screening both assisted and unassisted tenants must be consistent. However, in recognition that the presence of subsidy will improve a prospective applicant's finances, where appropriate, it is acceptable to provide some latitude in screening criteria between assisted and unassisted applicants.

N.B. All applicants must fill out Section 6. Projects that propose to give a tenant selection preference to either "**excepted units that will serve qualifying families receiving supportive services**" and/or "**disabled households with a need for services**" must also fill out Section 6A and/or 6B, as appropriate. See Section 31.2.8.2 and 31.6.16.5, respectively, in DHCD's PBV Administrative Plan for specific requirements for these two preferences.

6A. Additional Information for Projects That Will Provide A Preference for "Qualifying Families" Who Will Receive Supportive Services (31.2.8.2)

6A.1

Describe Qualifying Family(s) To Be Served	Describe Services To Be Provided	Identify Service Provider(s)
1.		
2.		
3.		

Attach letter(s) of intent to provide services from the provider agency(s).

6A.2

Key Program Goals For Family(s) Receiving Supportive Services	Core Performance Indicators of Success
1.	
2.	
3.	
4.	

Use more pages if necessary

6A.3 Describe the eligibility process for screening prospective qualifying families.

6A.4 Provide the name(s) and agency affiliation of all persons authorized to make eligibility determinations.

6A.5 Describe the type of outreach that will be done to identify eligible qualifying families to fill vacant units throughout the life of the HAP contract.

6A.6 Describe the appeal process for any applicant who believes they should have been determined a "qualifying" family.

6A.7 How many family members will be required to participate in a program that provides one or more qualifying services: _____

6A.8 What is the minimum amount of time the family member(s) will be required to participate in a program of supportive services under the terms of a PBV Contract of Family Participation? _____

6A.9 Describe the monitoring process to assure that the family is meeting its contract obligations. Note the name(s), title(s) and agency affiliation(s) of the person(s) responsible for monitoring and indicate the frequency of monitoring activities.

- 6A.10** Describe the process to be used to work with a family member(s) who is not in compliance with their contract.
- 6A. 11** Describe the termination process including any internal appeals (i.e. *not* to the RAA). Note who will make the determination to terminate a tenant household from the program because of a family's failure to meet their contract obligations.
- 6A. 12** Who will be responsible for filling out and submitting the annual PBV performance report to DHCD? (see Section 31.2.8.2.2 of the PBV Administrative Plan)

6B. Additional Information for Projects That Will Provide A Preference For Disabled Applicants Needing Services (31.6.16.5)

- 6B.1** Describe the target disability population to be served.
- 6B.2** Describe the eligibility process that will be employed to assure that disabled tenants selected for this preference meet the requirements articulated in both HUD regulations (24 CFR Part 983.251(d)) and DHCD's PBV Administrative Plan.
- 6B.3** Provide the name(s) and agency affiliation(s) of all persons authorized to make eligibility determinations.

6B.4

Describe Services to be Provided	Identify Service Provider(s)
1.	
2.	
3.	

Attach letters of intent to provide services from the provider agency(s). Use more pages if necessary.

- 6B.5** Identify the types of outreach that will be performed to identify eligible disabled households for all vacant units throughout the life of the HAP contract.
- 6B.6** Describe the monitoring process to assure that the disabled tenants have access to the services offered. (N.B. Once accepted under this preference, a disabled tenant does *not* need to agree to accept any service offered.)
- 6B.7** Describe the appeal process (not to the RAA) for any applicant that believes s/he should have been determined eligible for this preference.

7. Project's Consistency with Statutory Requirement for Deconcentration of Poverty and Expanding Housing and Economic Opportunities

Every PBV owner applicant must demonstrate that their project is consistent with HUD's **statutory goal** of "**deconcentrating poverty and expanding housing and economic opportunities**." DHCD will assess each application in this regard based on the following seven HUD-mandated criteria:

N.B. See "Definition of Key Terms" for information on how to locate the project's census tract and poverty rate.

Project's census tract: _____ **Poverty Rate:** _____

1. **HUD Designated Zone** Whether the census tract in which the proposal will be located is in a HUD-designated Enterprise Zone, Economic Community, or Renewal Community.
2. **Public Housing Demolition** Whether a PBV development will be located in a census tract where the concentration of assisted units will be or has decreased as a result of public housing demolition.
3. **Significant Revitalization** Whether the census tract in which the proposed PBV development will be located is undergoing significant revitalization.
4. **Public Investment** Whether state, local, or federal dollars have been invested in the area that has assisted in the achievement of the statutory requirement.
5. **New Market Rate Units** Whether new market-rate units are being developed in the same census tract where the proposed PBV development will be located and the likelihood that such market-rate units will positively impact the poverty rate in the area.
6. **Decline in Poverty Rate** If the poverty rate in the area where the proposed PBV development will be located is greater than 20 percent, the PHA should consider whether in the past five years there has been an overall decline in the poverty rate.
7. **Education and Economic Opportunities** Whether there are meaningful opportunities for educational and economic advancements in the census tract where the proposed PBV development will be located.

Every DHCD PBV applicant must demonstrate to DHCD that their project satisfies the twin goals of deconcentrating poverty and expanding housing and economic opportunity regardless of the project's poverty rate as defined by the most recent census data. The applicant must address each of the seven criteria noted above. DHCD will make its assessment of an applicant's project's compliance with achieving these goals based on the totality of the applicant's response, taking into consideration the target population to be served (i.e. family, elderly, disabled, populations needing supportive services).

8. Need for Project-Based Housing in the Community

- ◆ Briefly describe the need for project-based housing in the community. Address factors such as **vacancy rates** and **rent affordability** for very low-income households.
- ◆ If the project is for SRO or ESRO units, include demographic data to demonstrate that there is a sufficient demand for this type of housing. List all likely outreach sources to keep vacant SRO units filled at all times. Include any data available that show that existing SRO units in the community are continually occupied and easy to fill when vacancies occur.

9. Affordability Restrictions

Is there a housing affordability restriction in the deed? ☐ Yes ☐ No

Date of expiration of the restriction _____

Name of housing program(s) requiring restriction: _____

Please include a copy of the deed restriction with this application.

10. Lead Paint Compliance Documentation

Except for SROs, ESROs, or units in a building that have been designated *exclusively* for occupancy by the elderly and/or persons with a disability, *all* units receiving PBV assistance must be in compliance with the Massachusetts Lead Law during the term of the contract, *regardless of the age of the occupants*. Please attach to this application a current valid Letter of Compliance issued by a Massachusetts licensed lead paint inspector or a building permit that verifies construction after December, 31, 1977. Due to changes in Massachusetts Lead Regulations, Letters of Compliance issued prior to July 1, 1988 do not satisfy current Federal Lead Regulations and are not acceptable for participation in the PBV program

11. Plan for Management and Maintenance of Units

- ◆ Briefly describe your experience managing and maintaining rental property. Include dates and number of units.
- ◆ Do you have a written plan for the maintenance of the building's units? ☐ Yes ☐ No
If yes, please include the maintenance plan with this application. If no, please prepare a description of how units will be maintained, both on an on-going and long term basis, focusing on routine maintenance, security and health and safety related areas. Be sure to identify what personnel will perform the maintenance of units and common areas, note where they are located and hours of operation.
- ◆ Do you have a written management plan for the building's units? ☐ Yes ☐ No
If yes, please include the management plan with this application. If no, please identify what personnel manages the units, note where they are located, hours of operation and any other descriptive information about their function.
- ◆ Please provide two references who will attest to the quality of your rental property management and maintenance experience.

Name:

Address:

Phone:

Name:

Address:

Phone:

12. Environmental Review Requirement

All “existing” PBV projects are subject to HUD environmental regulations found at 24 CFR parts 50 and 58.

To comply with this requirement, the applicant must provide written documentation from the community’s “responsible entity” that the building either complies with all environmental requirements as stated in the National Environmental Policy Act (NEPA) or is categorically excluded from a federal environmental review under NEPA. The “responsible entity” is generally an official from city or town hall or the local community development office. If you are not able to identify a “responsible entity” in your community to provide you with this information, call DHCD 617-573-1207 for assistance.

13. Housing Quality Standards and Owner's Unit Description

In order to be considered for DHCD's Section 8 PBV program, all units **MUST** achieve the HQS threshold criteria for Grade B+/A units described below.

Owners may request that the RAA (for the jurisdiction in which the proposed units are located) schedule a *courtesy inspection* for a *limited* number of prospective PBV units to verify that they meet DHCD's B+/A HQS PBV unit grading requirement, before completing this application. The RAA will make every effort to accommodate this request if their HQS staff schedules permit.

THE FINAL DETERMINATION OF THE UNIT GRADE SHALL BE THE SOLE RESPONSIBILITY OF THE DHCD/RAA INSPECTOR.

UNIT GRADING

A UNIT

- Unit/building interior, exterior and common areas are in excellent condition, newly or recently constructed or rehabbed with good quality materials and workmanship and provide an excellent thermal environment with direct heat sources in living/sleeping rooms.
- Appliances and fixtures are owner supplied and are new and/or of good quality. Tenant-supplied appliances will not affect grade if owner supplied were offered and declined in favor of the tenant's own.
- Flooring is in excellent condition at move in.
- Unit has sufficient cabinets and closets and/or common area storage in an accessible basement or attic.
- There are no existing asbestos or lead based paint hazards and there is pro-active maintenance if either material is present.
- Electrical system and number of outlets per room demotes the need to use extension cords.
- Fire exits meet current standards (full door and stairway) and are properly maintained. Smoke detectors are hard wired with battery back-up.
- Good roof water management prevents icing of stairways and prevents interior air quality issues relating to moisture and/or mold.
- There are no structural issues within the building or porches, and stairs, walkways, drive and parking areas are free of trip hazards.
- Has numerous extra amenities that clearly add to the desirability of the unit such as:
 - ✓ **Off-street or designated parking**
 - ✓ **Additional bathrooms**
 - ✓ **Large or additional rooms**
 - ✓ **Washer/dryer hook up or laundry facility**
 - ✓ **Enclosed porch or patio/deck**
 - ✓ **Tenant access to pool, gym or other amenity**

- ✓ **Modern and efficient climate control**
 - ✓ **On-site maintenance / security personnel or device**
 - ✓ **Has been adapted for persons with disabilities**
- Obvious on-going maintenance of the unit and building as well as good tenant selection practices by the owner or management.
 - Carbon monoxide detectors are present in accordance with MA law.

B UNIT

- Unit/building is in good condition. Appliances, fixtures and other features are modern and fully functional.
- Recent renovation including interior, exterior and common area spaces with average quality materials does not substantially increase the overall value of the unit or building.
- Overall condition of the unit/building is above average and provides a better than average thermal environment (windows, direct heat sources in each living/sleeping room). If indirect heat sources are utilized, the owner is receptive to utilizing options such as louvered doors and/or ceiling fans if needed.
- Electrical system and number of outlets may preexist current standards but are adequate to demote the use of extension cords.
- Fire exits and smoke detectors may preexist current standards but are well maintained and are functional to meet the needs of the occupants considerate of the family composition.
- Any asbestos and/or lead based paint is proactively maintained.
- Unit/building is free of evidence of excess moisture, mold and/or interior air quality issues. (Older homes with stone/brick foundations may exhibit some limited water penetration in the basement at times.)
- Has at least one extra feature that adds to desirability (porch, yard, security system, near recreational area or other facility, extra large rooms, adequate closets and/or storage).
- Could otherwise be an A unit except for the quality of renovation work and/or the need for more aggressive preventive maintenance by the owner. Perhaps would be an A unit if the appliances or utilities were owner supplied.
- Site conditions are adequate but some neighborhood conditions may exist but do not pose an imminent risk to the tenant/family.
- Owner may or may not occupy the property but posts emergency contact and is responsive. Services such as trash pick up and snow removal is adequate.
- Carbon monoxide detectors are present in accordance with MA law.

B units are of above-average quality and are generally well maintained.

B+ Grade: May be used when a reasonable combination of B factors and A Grade extra amenities are present. **At minimum, this grade must be met for consideration for PBV assistance.**

Owner's Unit Description Statement

This statement must be signed and submitted with the "Existing" PBV Application.

LEAD PAINT

See Section 10 of this application

FIRE

1. Smoke detector system is: ☐ Hard wired with battery back-up ☐ Battery only
2. Includes carbon monoxide detector: ☐ Yes ☐ No
3. Fire exits are comprised of: ☐ Full doors and stairways ☐ Window basket and ladders ☐ Other: _____
4. Are there sufficient outlets in each room to demote the use of extension cords? ☐ Yes ☐ No

THERMAL

5. Rate the efficiency of the heating system: ☐ Excellent ☐ Good ☐ Fair
and
the building (windows, insulation, etc.) : ☐ Excellent ☐ Good ☐ Fair
6. Air conditioning available by: ☐ HVAC ☐ Wall Port ☐ Window ☐ Not Available

APPLIANCES

7. Are any appliances owner supplied? ☐ Stove ☐ Refrigerator ☐ Dish washer ☐ Washing Machine ☐ Dryer

Other: _____

BUILDING CHARACTERISTICS

8. Building features include: ☐ Elevator ☐ Parking

Other: _____

9. List any recent improvements or upgrades that you feel add to the desirability of the unit or building (e.g. roof, siding, flooring, cabinets).

Other: _____

10. Is any part of the unit's primary living area located below ground? ☐ Yes ☐ No

If yes, please note that these units will be deemed unacceptable if they are subject to chronic dampness.

All information provided is true and accurate.

Owner Signature

Date

The final determination of the unit grade shall be the sole responsibility of the DHCD/RAA inspector.

14. Identity of Interest

Provide the required information on a separate sheet of paper and attach to this application: The identity of the owner and other project principals and the names of officers and principal members, shareholders, investors, and other parties having a substantial interest; certification showing that the above-mentioned parties are not on the U.S. General Services Administration list of parties excluded from Federal procurement and non-procurement programs; a disclosure of any possible conflict of interest by any of these parties that would be a violation of the PBV Housing Assistance Payments (HAP) contract; and information on the qualification and experience of the principal participants. Information concerning any participant who is not known at the time of the owner's submission must be provided to MA DHCD as soon as the principal is known.

I, _____, attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I understand that by submitting this Section 8 project-based assistance application there is no promise or guarantee from the Massachusetts Department of Housing and Community Development that my proposal will be accepted. I understand that in-place existing tenants must be certified as eligible to receive project-based assistance, and if they are not eligible, I may not displace them in order to qualify their unit for PBV. I understand and agree to abide by all federal Section 8 requirements found at 24 CFR Part 983 and DHCD's PBV requirements found in its PBV Administrative Plan.

Signature of Owner	Phone Number	Date
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Name of Contact Person	Phone Number	Email Address
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Signature and Title of Project Sponsor (Where Applicable)	Phone Number
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Definition of **Key Terms** for MA DHCD's "Existing" PBV Initiative

ADA: Americans with Disabilities Act.

Affordable Housing Deed Restriction: A legal document, generally referenced in and recorded with the deed for the affected units, which requires that the units be rented or sold to households at or below a particular income level for a specific period of time.

Assisted Living Projects: Generally, efficiency or one-bedroom units for individuals who can live independently, but need some assistance with certain activities of daily living, where assistance is provided on site by qualified care providers not related to the residents. All facilities must be licensed by the MA Executive Office of Elder Affairs or demonstrate equivalent oversight standards of service and care.

Census Tract Locator: Census tracts and their poverty rate can be found at:
<http://factfinder.census.gov/servlet/BasicFactsServlet> by typing in the complete address and **correct** zip code.

Efficiency Units: 0 Bedroom units that have a combination living/sleeping room with a full bath and kitchen. Rents generally are established at no more than 110% of the 0 bedroom HUD published fair market rent (FMR).

ESRO: Enhanced single room occupancy unit is a single person occupancy room (see SRO below) but with private bath and/or kitchenette rather than sharing both facilities. Rents generally are established at no more than 82.5% of the 0 bedroom FMR).

Existing Housing: These are rental units that may be occupied or ready for occupancy *and* substantially comply with HUD and DHCD housing quality standards (HQS).

HAP Contract: The Housing Assistance Payments (HAP) contract is an agreement between the owner and DHCD's regional administering agency (RAA) that sets forth both parties' responsibilities and obligations to each other and commits DHCD to provide PBV subsidy for the approved units during the term of the HAP contract.

Homeless: A household that has no permanent residence, including those living in a temporary shelter for the homeless, leaving a transitional housing program, leaving an institution where they have been a resident for more than 30 days with no home to go to, living on the street or in a car. **At Risk of Being Homeless:** extremely low income (income 30% or

less than area median income) and unable to locate affordable housing; under a court ordered eviction for reasons beyond the control of the tenant (includes non-payment of rent where gross rent is 50% or more of adjusted monthly income) or currently paying more than 50% of adjusted monthly income for rent and utilities.

HQS: HUD's and DHCD's housing quality standards for the tenant-based Section 8 Housing Choice Voucher Program (HCVP) and the Project-Based Voucher (PBV) program. All HQS requirements for both the HCVP and the PBV programs can be found in DHCD's Section 8 Administrative Plan, Chapter 16, which can be found on DHCD's website at: www.mass.gov/dhcd/ Click on >Public Housing and Rental Assistance; then >Bureau of Federal Rental Assistance Programs.

Project-Based Vouchers/PBV Assistance: Section 8 tenant-based vouchers (from its Housing Choice Voucher Program portfolio) that are committed to a building under a PBV Housing Assistance Payments (HAP) contract for a specific period of time. Unlike the tenant-based voucher program, project-based vouchers are *not* mobile. When the tenant vacates the unit, the unit will continue to receive PBV subsidy, provided the PBV contract has not been terminated or expired.

RAA: Regional administering agencies that have contractual authority to administer DHCD's portfolio of Section 8 tenant-based and project-based vouchers in specific communities in MA on DHCD's behalf.

Site-Specific Waiting List: A waiting list for each individual PBV project, maintained by the applicable RAA, for applicants who have self selected to apply to this PBV project. Owners are expected to make referrals of applicants to this list, to supplement any outreach done by the RAA. An application for all PBV site-specific waiting lists, listed by region, can be found on DHCD's web site at: www.mass.gov/dhcd/; >Divisions; >Public Housing and Rental Assistance; >Bureau of Federal Rental Assistance.

SRO: A single person occupancy room in a building that must meet local code standards for SROs. In the absence of local codes the following minimum HQS provisions apply: There must be a private full bath for use by six rooms or fewer, and such baths must be located not more than one floor above or below the room. The room must measure at least 110 sq. feet and have a closet space of at least four sq. feet with an unobstructed height of at least five feet. If there is less closet space, there must be enough habitable space above the 110 sq. feet to meet the deficiency. Additionally, HQS requires that the building have two means of egress and a sprinkler system that protects all major spaces. (See 24 CFR 982.605.) (Will generally rent for not more than 75% of the O bedroom FMR.)

Subsidy Layering Review (SLR): SLRs must be completed and approved by HUD for all "existing" and "development" PBV projects that utilize other publicly supported housing funds. The SLR is "intended to

prevent excessive public assistance for the housing by combining (layering) housing assistance subsidy under the PBV program with other governmental housing assistance from federal, state, or local agencies, including assistance such as tax concessions or tax credits” (24 CFR 983.55).

SLR submission process ...to be implemented AFTER DHCD selects an “existing” application.

1. The applicant must submit to DHCD all the information required by the HUD mandated SLR checklist that can be found in DHCD’s PBV Administrative Plan available on DHCD’s website at: www.mass.gov/dhcd; >Divisions; >Bureau of Federal Rental Assistance.
2. DHCD must review the SLR package prepared by the applicant for completeness and consistency with program requirements.
3. If it appears complete and acceptable, DHCD must forward the SLR package to HUD’s Boston office. This office will also review the material, and, if found acceptable, submit it to HUD Headquarters for final review and approval.

Because of the multiple reviews involved in completing an SLR review (DHCD, HUD Boston and HUD Headquarters), DHCD will immediately advise applicants that a final award of PBVs cannot be made until this review is completed and approved by HUD.

Subsidy Standards Used to Determine Household Unit Size: Subsidy standards are used to determine how many bedrooms a family needs based on household composition.

Bedroom Size	Minimum number of persons	Maximum number of persons
SRO	1	1
0	1	2
1	1	2
2	2	4
3	3	6
4	4	8
5	5	10
6	6	12

For purposes of determining subsidy standards, an adult is 21 years of age or older. A child is under 21 years of age.

Adults will be allocated one bedroom per adult. If two adults consider themselves partners, they will be allocated one bedroom.

An adult will not be required to share a bedroom with a child.

A parenting minor will not be required to share a bedroom with a child.

The head of household will be allocated one bedroom. If s/he has a partner, the partner will share the bedroom.

Single pregnant women with no other children in the household will be allocated two bedrooms.

Pregnant women with other family members will be allocated sufficient bedrooms to accommodate the new baby if the birth would result in the family being under housed.

Two children of the same gender, regardless of the age differential, will share one bedroom. This includes children of blended families who may have different parents.

Two children of the opposite gender will be allocated separate bedrooms.

Live-in aides, documented as medically necessary for the care of a family member who is disabled and/or is at least 50 years of age, will be allocated a separate bedroom.

A child who is temporarily absent because of placement in a foster home is considered a family member in determining the family unit size. As used in this section, “temporarily” means that the Department of Social Service’s (DSS) goal for the family is reunification with their children within one year of the date the subsidy is issued.

When the goal for children in foster care is adoption, the children are not considered “temporarily” absent and the family will be issued a subsidy size that does not include the children in foster care. Should DSS change a family’s goal from adoption to reunification, the RAA will increase the family’s subsidy size as appropriate and when appropriate.

The family must sign a release for the purpose of obtaining relevant information from DSS.

If a planned reunification does not occur within the first year after the subsidy is issued, the family will be considered over housed.

More than one applicant or participant should not claim the same child.

Exceptions to Subsidy Standards

Exceptions to these standards may be granted by the RAA for documented reasons critical to the household’s health or if justified by handicap, relationship of family members, or other personal circumstances. Documentation must come from appropriate third party sources such as a doctor, psychiatrist, or psychologist. It is the responsibility of the applicant or participant to obtain such documentation.